



**STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS
DRUG UTILIZATION
REVIEW PROGRAM**

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

DEAR [tadrs1]:

In compliance with the OBRA '90 federal legislation, state Medicaid agencies are mandated to institute Retrospective Drug Utilization Review Programs (RDUR). The program's goal is to ensure that Medicaid patients receive optimal drug therapy at the lowest reasonable cost. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. This RDUR program is informational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy requirements.

During a recent review of the enclosed drug history profile, it was noted your patient, **[t1d0-recipefst-nm] [t1d0-recipefst-nm]**, is receiving drug(s): **[drug_a_name]**. *Epidemiological studies suggest atypical antipsychotics may exacerbate pre-existing diabetes. Blood glucose and HgA1c monitoring should be conducted in conjunction with monitoring for weight gain and signs of hyperglycemia. All patients should be advised to report signs of ketoacidosis or glycosuria.* In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware. The enclosed historical drug profile is provided for your review and evaluation and *contains all prescription claims from all prescribers for the patient.*

The success of the DUR program is enhanced by effective two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax the response form to (334) 502-6589. If you have any questions, please call (800) 225-6998.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple prescribers are involved in the therapy identified above, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a]

Sincerely,

Paula J. Avarista, R.Ph., M.B.A.
Chief Of Pharmacy And Related Services

Case#: [case_no]
Enclosures

PREScriBER RESPONSE

All information used to generate the enclosed letter, including Prescriber identification, was obtained from Pharmacy Claims Data. If there appears to be an error in the information provided, please note the discrepancy. Thank you for your cooperation.

1. This patient **is** under my care:

- ☐ I have reviewed the information and will continue without change.
- ☐ however, I did not prescribe the following medication(s)_____.
- ☐ and has an appointment to discuss drug therapy.
- ☐ however, has not seen me recently.
- ☐ however, I was not aware of other prescribers.
- ☐ I have reviewed the information and modified drug therapy.
- ☐ I have not modified drug therapy because benefits outweigh the risks.
- ☐ I have tried to modify therapy, however the patient refuses to change.
- ☐ I have tried to modify therapy, however symptoms reoccurred.

2. This patient **is not** under my care:

- ☐ however, I did prescribe medication while covering for other MD or in the ER.
- ☐ but has previously been a patient of mine.
- ☐ because the patient recently expired.
- ☐ and has never been under my care.

3. I have reviewed the enclosed information and found it:

☐ useful ☐ not useful.

4. Please check here if you wish to receive reference information on the identified problem____.(Please provide a fax number if available____-____-____.)

Comments: _____

[adrs1] Case# [case_no]
Letter Type [letter_type]
[alert_msg]
[criteria]